

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF OKLAHOMA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Lawrence**

First name

**Ray**

Middle name

**Neville**

Last name and Suffix (Sr., Jr., II, III)

**Connie**

First name

**Sue**

Middle name

**Neville**

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-6415**

**xxx-xx-8283**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) \_\_\_\_\_

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live**

**920 South Country Club Rd  
Muskogee, OK 74403**

Number, Street, City, State & ZIP Code

**Muskogee**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.  
☐ Yes.
- |          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No  
☐ Yes.
- |                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<b>16a. Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	<b>16b. Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	<b>16c.</b> State the type of debts you owe that are not consumer debts or business debts  

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<b>17. Are you filing under Chapter 7?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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<b>18. How many Creditors do you estimate that you owe?</b>	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

<b>For you</b>	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.		
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.		
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).		
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.		
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.		
	<table border="0"><tr><td style="width: 50%;"><b>/s/ Lawrence Ray Neville</b> <b>Lawrence Ray Neville</b> Signature of Debtor 1</td><td style="width: 50%;"><b>/s/ Connie Sue Neville</b> <b>Connie Sue Neville</b> Signature of Debtor 2</td></tr></table>	<b>/s/ Lawrence Ray Neville</b> <b>Lawrence Ray Neville</b> Signature of Debtor 1	<b>/s/ Connie Sue Neville</b> <b>Connie Sue Neville</b> Signature of Debtor 2
<b>/s/ Lawrence Ray Neville</b> <b>Lawrence Ray Neville</b> Signature of Debtor 1	<b>/s/ Connie Sue Neville</b> <b>Connie Sue Neville</b> Signature of Debtor 2		
	<table border="0"><tr><td style="width: 50%;">Executed on <b>December 12, 2017</b> MM / DD / YYYY</td><td style="width: 50%;">Executed on <b>December 12, 2017</b> MM / DD / YYYY</td></tr></table>	Executed on <b>December 12, 2017</b> MM / DD / YYYY	Executed on <b>December 12, 2017</b> MM / DD / YYYY
Executed on <b>December 12, 2017</b> MM / DD / YYYY	Executed on <b>December 12, 2017</b> MM / DD / YYYY		

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Mark A. Grober**

Signature of Attorney for Debtor

Date

**December 12, 2017**  
MM / DD / YYYY

**Mark A. Grober 3632 OK**

Printed name

**Mark A. Grober**

Firm name

**PO Box 2733**  
**Muskogee, OK 74402**

Number, Street, City, State & ZIP Code

Contact phone

**918-682-1100**

Email address

**attygrober@sbcglobal.net**

**3632 OK**

Bar number & State

Official Form 101

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Voluntary Petition for Individuals Filing for Bankruptcy

page 7

Certificate Number: 02542-OKE-CC-030001674



02542-OKE-CC-030001674

## CERTIFICATE OF COUNSELING

I CERTIFY that on October 8, 2017, at 11:59 o'clock PM CDT, Lawrence Neville received from Consumer Credit Counseling Service of Central Oklahoma, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: October 10, 2017 By: /s/Jon Vickers

Name: Jon Vickers

Title: Certified Consumer Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).



Certificate Number: 02542-OKE-CC-030001675



02542-OKE-CC-030001675

## CERTIFICATE OF COUNSELING

I CERTIFY that on October 8, 2017, at 11:59 o'clock PM CDT, Connie Neville received from Consumer Credit Counseling Service of Central Oklahoma, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: October 10, 2017 By: /s/Jon Vickers

Name: Jon Vickers

Title: Certified Consumer Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

**Fill in this information to identify your case:**

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>200,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>154,995.96</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>354,995.96</b>

**Part 2: Summarize Your Liabilities**

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>273,986.87</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>67,486.00</b>
<b>Your total liabilities</b>		<b>\$ 341,472.87</b>

**Part 3: Summarize Your Income and Expenses**

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	<b>6,346.03</b>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	<b>6,184.00</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 9,897.20

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106A/B  
**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**920 South Country Club Rd**

Street address, if available, or other description

**Muskogee** **OK** **74403-0000**  
City State ZIP Code

**Muskogee**  
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$200,000.00</b>	<b>\$200,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Joint tenant**

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

**The South 300 feet of the North 325 feet of the West 440 feet of the Southwest Quarter of the Southwest Quarter of Section 32 Township 15 North Range 19 East of the Indian Base and Meridian, Muskogee County, Oklahoma**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$200,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No  
☒ Yes

3.1 Make: **GMC**  
Model: **Yukon**  
Year: **2016**  
Approximate mileage: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$35,679.00**

**\$35,679.00**

3.2 Make: **Arctic Cat**  
Model: \_\_\_\_\_  
Year: **2014**  
Approximate mileage: **50**  
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$5,930.00**

**\$5,930.00**

3.3 Make: **Chevrolet**  
Model: **Tahoe**  
Year: **2004**  
Approximate mileage: **112000**  
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$5,021.00**

**\$5,021.00**

3.4 Make: **Highline**  
Model: \_\_\_\_\_  
Year: **2014**  
Approximate mileage: \_\_\_\_\_  
Other information:  
**12' utility trailer**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$250.00**

**\$250.00**

3.5 Make: **GMC**  
Model: **Yukon**  
Year: **2002**  
Approximate mileage: **140000**  
Other information:  
**vehicle is wrecked and salvage value only**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$0.00**

**\$0.00**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

3.6 Make: **toyota**  
Model: **corolla**  
Year: **2016**  
Approximate mileage: **39000**  
Other information:  
**daughters vehicle**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$12,492.00**

**\$12,492.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ No

☒ Yes

4.1 Make: **Tracker**  
Model: **175F**  
Year: **2012**

Other information:

**17'7" bass boat  
60 hp Mercury motor**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$7,030.00**

**\$7,030.00**

4.2 Make: **ExMark**  
Model: **Z60**  
Year: **2005**

Other information:

**mower**

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$1,500.00**

**\$1,500.00**

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$67,902.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**theater seating**

**\$3,000.00**

**normal furnishings, pool table, den and living room furniture,  
bedroom furniture and kitchen**

**\$2,000.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

**5 televisions, computer, laptop, cellphones 3, stereo, Apple watches**

**\$1,200.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

**fishing poles,ping pong table**

**\$100.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

**3 pistols**

**\$700.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**normal clothing**

**\$200.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**wedding rings**

**\$1,000.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

**koi fish, two dogs**

**\$0.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$8,200.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

Do not deduct secured  
claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

**Bank of Oklahoma**

**\$40.75**

17.2. **Checking**

**armstrong bank checking #038**

**\$240.96**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**Thrift Saving**

**TSP Account**

**\$49,797.00**

**Pension**

**FERS Federal Retirement Account  
husband-\$4157.34  
wife-\$5829.91**

**\$9,987.25**

**Thrift Saving**

**TSP Account**

**\$18,728.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. .... Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No



Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

☐ Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

Term Insurance through employment

Debtor and Co Debtor

\$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

35. **Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$78,793.96**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☐ No. Go to Part 7.  
☒ Yes. Go to line 47.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

47. **Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes.....

48. **Crops—either growing or harvested**

- ☒ No  
☐ Yes. Give specific information.....

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☐ No  
☒ Yes.....

**welder, saw, generator**

**\$100.00**

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes.....

51. **Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....**

**\$100.00**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

**53. Do you have other property of any kind you did not already list?**

*Examples:* Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8:** List the Totals of Each Part of this Form

<b>55. Part 1: Total real estate, line 2 .....</b>		<b>\$200,000.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$67,902.00</b>	
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$8,200.00</b>	
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$78,793.96</b>	
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$0.00</b>	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$100.00</b>	
<b>61. Part 7: Total other property not listed, line 54</b>	<b>+</b> <b>\$0.00</b>	
<b>62. Total personal property. Add lines 56 through 61...</b>	<b>\$154,995.96</b>	Copy personal property total <b>\$154,995.96</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>		<b>\$354,995.96</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Lawrence Ray Neville</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Connie Sue Neville</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF OKLAHOMA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
920 South Country Club Rd Muskogee, OK 74403 Muskogee County The South 300 feet of the North 325 feet of the West 440 feet of the Southwest Quarter of the Southwest Quarter of Section 32 Township 15 North Range 19 East of the Indian Base and Meridian, Mu Line from <i>Schedule A/B</i> : 1.1	\$200,000.00	<input checked="" type="checkbox"/> \$10,285.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, §§ 1(A)(1),(2); Okla. Stat. tit. 31, § 2
2016 GMC Yukon Line from <i>Schedule A/B</i> : 3.1	\$35,679.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(13)
2014 Arctic Cat 50 miles Line from <i>Schedule A/B</i> : 3.2	\$5,930.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(5)
2004 Chevrolet Tahoe 112000 miles Line from <i>Schedule A/B</i> : 3.3	\$5,021.00	<input checked="" type="checkbox"/> \$5,021.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(13)

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2014 Highline 12' utility trailer</b> Line from <i>Schedule A/B</i> : 3.4	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(5)
<b>2016 toyota corolla 39000 miles daughters vehicle</b> Line from <i>Schedule A/B</i> : 3.6	<u>\$12,492.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(13)
<b>2005 ExMark Z60 mower</b> Line from <i>Schedule A/B</i> : 4.2	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(5)
<b>theater seating</b> Line from <i>Schedule A/B</i> : 6.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(3)
<b>normal furnishings, pool table, den and living room furniture, bedroom furniture and kitchen</b> Line from <i>Schedule A/B</i> : 6.2	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(3)
<b>5 televisions, computer, laptop, cellphones 3, stereo, Apple watches</b> Line from <i>Schedule A/B</i> : 7.1	<u>\$1,200.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(3)
<b>fishing poles,ping pong table</b> Line from <i>Schedule A/B</i> : 9.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(14)
<b>3 pistols</b> Line from <i>Schedule A/B</i> : 10.1	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(14)
<b>normal clothing</b> Line from <i>Schedule A/B</i> : 11.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(7)
<b>wedding rings</b> Line from <i>Schedule A/B</i> : 12.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(8)
<b>Checking: Bank of Oklahoma</b> Line from <i>Schedule A/B</i> : 17.1	<u>\$40.75</u>	<input checked="" type="checkbox"/> <u>\$40.75</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 12, § 1171.1; Okla. Stat. tit. 31, § 1(A)(18)

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Checking: armstrong bank checking #038</b> Line from <i>Schedule A/B</i> : 17.2	<u>\$240.96</u>	<input checked="" type="checkbox"/> <u>\$240.96</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 12, § 1171.1; Okla. Stat. tit. 31, § 1(A)(18)
<b>Thrift Saving: TSP Account</b> Line from <i>Schedule A/B</i> : 21.1	<u>\$49,797.00</u>	<input checked="" type="checkbox"/> <u>\$38,432.13</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(20)
<b>Pension: FERS Federal Retirement Account</b> <b>husband-\$4157.34</b> <b>wife-\$5829.91</b> Line from <i>Schedule A/B</i> : 21.2	<u>\$9,987.25</u>	<input checked="" type="checkbox"/> <u>\$9,987.25</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(20)
<b>Thrift Saving: TSP Account</b> Line from <i>Schedule A/B</i> : 21.3	<u>\$18,728.00</u>	<input checked="" type="checkbox"/> <u>\$18,728.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(20)
<b>Term Insurance through employment</b> <b>Beneficiary: Debtor and Co Debtor</b> Line from <i>Schedule A/B</i> : 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 36, § 3632
<b>welder, saw, generator</b> Line from <i>Schedule A/B</i> : 49.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31, § 1(A)(5)

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Lawrence Ray Neville</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Connie Sue Neville</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF OKLAHOMA</b>		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1 Bank2/dovenhuele</b> <small>Creditor's Name</small>  <b>1 Corporate Dr Ste 360</b> <b>Lake Zurich, IL 60047</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$189,715.00</b>	<b>\$200,000.00</b>	<b>\$0.00</b>
<b>Describe the property that secures the claim:</b> <b>920 South Country Club Rd</b> <b>Muskogee, OK 74403 Muskogee</b> <b>County</b> <b>The South 300 feet of the North 325</b> <b>feet of the West 440 feet of teh</b> <b>Southwest Quarter of the Southwest</b> <b>Quarter of Section 32 Townahip 15</b> <b>North Range 19 East of the Indian</b> <b>Base</b>			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>Opened 04/14 Last Active 8/14/17</b> <b>Date debt was incurred</b>			
<b>Last 4 digits of account number 7727</b>			

<b>2.2 Freedom Road Financial</b> <small>Creditor's Name</small>  <b>10509 Professional Cir S</b> <b>Reno, NV 89521</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>Describe the property that secures the claim:</b> <b>2014 Arctic Cat 50 miles</b>	<b>\$6,240.00</b>	<b>\$5,930.00</b>	<b>\$310.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply.				
<b>Who owes the debt?</b> Check one.				

Debtor 1 **Lawrence Ray Neville** Case number (if know) \_\_\_\_\_

First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**

First Name Middle Name Last Name

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt
- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Purchase Money Security**

Opened  
03/15 Last  
Active

Date debt was incurred **8/14/17** Last 4 digits of account number **1869**

2.3 **Oklahoma Central Cu**

Creditor's Name

**11335 E 41st St  
Tulsa, OK 74146**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Describe the property that secures the claim:

**\$41,014.00** **\$35,679.00** **\$5,335.00**

**2016 GMC Yukon**

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Purchase Money Security**

Opened  
05/17 Last  
Active

Date debt was incurred **8/31/17** Last 4 digits of account number **0141**

2.4 **The Credit Union Loan  
Source LLC**

Creditor's Name

**PO Box 105387  
Atlanta, GA 30348**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Describe the property that secures the claim:

**\$13,900.00** **\$12,492.00** **\$1,408.00**

**2016 toyota corolla 39000 miles  
daughters vehicle**

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Purchase Money Security**

Date debt was incurred **october 2017** Last 4 digits of account number

2.5 **Thrift Savings Plan 1**

Describe the property that secures the claim:

**\$6,889.00** **\$49,797.00** **\$0.00**



Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name  
Debtor 2 **Connie Sue Neville**  
First Name Middle Name Last Name

Case number (if know) \_\_\_\_\_

Creditor's Name

**Thrift Saving: TSP Account**

**PO Box 385021**  
**Birmingham, AL 35238**

Number, Street, City, State & Zip Code

**As of the date you file, the claim is:** Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Non-Purchase Money Security**

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **2016**

Last 4 digits of account number \_\_\_\_\_

**2.6 Thrift Savings Plan 2**

Creditor's Name

**Describe the property that secures the claim:**

**\$4,475.87**

**\$49,797.00**

**\$0.00**

**Thrift Saving: TSP Account**

**As of the date you file, the claim is:** Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Non-Purchase Money Security**

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**2.7 Us Bank**

Creditor's Name

**Describe the property that secures the claim:**

**\$7,174.00**

**\$7,030.00**

**\$144.00**

**2012 Tracker 175F**  
**17'7" bass boat**  
**60 hp Mercury motor**

**As of the date you file, the claim is:** Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Purchase Money Security**

**Who owes the debt?** Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened**  
**03/12 Last**  
**Active**  
Date debt was incurred **8/02/17**

Last 4 digits of account number **0654**

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name  
Debtor 2 **Connie Sue Neville**  
First Name Middle Name Last Name

Case number (if know) \_\_\_\_\_

2.8	<b>Wffnb Retail</b> Creditor's Name  <b>Po Box 94498</b> <b>Las Vegas, NV 89193</b> Number, Street, City, State & Zip Code  <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt  <b>Opened</b> <b>03/16</b> <b>Last</b> <b>Active</b> <b>Date debt was incurred</b> <b>8/30/17</b> <b>Last 4 digits of account number</b> <b>1189</b>	<b>Describe the property that secures the claim:</b> <b>theater seating</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<b>\$4,579.00</b>	<b>\$3,000.00</b>	<b>\$1,579.00</b>
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Add the dollar value of your entries in Column A on this page. Write that number here:  
If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$273,986.87**

**\$273,986.87**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1 Lawrence Ray Neville  
First Name Middle Name Last Name

Debtor 2 Connie Sue Neville  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
- ☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>Bby/cbna</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>0256</b>	<b>\$4,071.00</b>
	<b>Po Box 6497</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code	<b>When was the debt incurred?</b> <b>Opened 09/13 Last Active 8/29/17</b>	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.2

**Bk Of Amer**

Nonpriority Creditor's Name

**Po Box 982238  
El Paso, TX 79998**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9426**

**\$3,144.00**

**When was the debt incurred?** **Opened 11/16 Last Active 9/12/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.3

**Capital One**

Nonpriority Creditor's Name

**15000 Capital One Dr  
Richmond, VA 23238**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1511**

**\$6,461.00**

**When was the debt incurred?** **Opened 06/05 Last Active 7/14/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.4

**Capital One**

Nonpriority Creditor's Name

**15000 Capital One Dr  
Richmond, VA 23238**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **2200**

**\$4,761.00**

**When was the debt incurred?** **Opened 06/05 Last Active 8/28/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.5

**Chase Card**

Nonpriority Creditor's Name

**Po Box 15298  
Wilmington, DE 19850**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **6729**

**\$2,419.00**

**When was the debt incurred?** **Opened 06/16 Last Active 8/29/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.6

**Citi**

Nonpriority Creditor's Name

**Pob 6241  
Sioux Falls, SD 57117**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7384**

**\$4,921.00**

**When was the debt incurred?** **Opened 11/16 Last Active 9/13/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.7

**Citi**

Nonpriority Creditor's Name

**Pob 6241  
Sioux Falls, SD 57117**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **8241**

**\$4,753.00**

**When was the debt incurred?** **Opened 12/16 Last Active 9/13/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.8

**Discover Fin Svcs Llc**

Nonpriority Creditor's Name

Last 4 digits of account number **8440**

**\$4,207.00**

**Po Box 15316**  
**Wilmington, DE 19850**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**When was the debt incurred?** **Opened 04/17 Last Active 9/12/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.9

**Elan Financial Service**

Nonpriority Creditor's Name

Last 4 digits of account number **7951**

**\$5,624.00**

**Po Box 108**  
**Saint Louis, MO 63166**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**When was the debt incurred?** **Opened 07/14 Last Active 8/29/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.1  
0

**NPAS Inc**

Nonpriority Creditor's Name

Last 4 digits of account number **6133**

**\$50.00**

**PO Box 99400**  
**Louisville, KY 40269**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**When was the debt incurred?** **august 2017**

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **medical**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.1  
1

**Syncb/care Credit**

Nonpriority Creditor's Name

**C/o Po Box 965036  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **0699**

**\$2,366.00**

**When was the debt incurred?** **Opened 05/16 Last Active 8/08/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Charge Account**

4.1  
2

**Syncb/jcp**

Nonpriority Creditor's Name

**Po Box 965007  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **5992**

**\$1,567.00**

**When was the debt incurred?** **Opened 10/16 Last Active 9/06/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Charge Account**

4.1  
3

**Syncb/lowes**

Nonpriority Creditor's Name

**Po Box 965005  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1569**

**\$957.00**

**When was the debt incurred?** **Opened 01/17 Last Active 9/12/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Charge Account**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.1  
4

**Synccb/paypal Extras Mc**

Nonpriority Creditor's Name

Last 4 digits of account number **5780**

**\$599.00**

**Po Box 965005  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**When was the debt incurred?** **Opened 06/17 Last Active 9/12/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.1  
5

**Synccb/sams Club Dc**

Nonpriority Creditor's Name

Last 4 digits of account number **9526**

**\$6,847.00**

**Po Box 965005  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**When was the debt incurred?** **Opened 11/13 Last Active 8/29/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.1  
6

**Synccb/walmart**

Nonpriority Creditor's Name

Last 4 digits of account number **2658**

**\$808.00**

**Po Box 965024  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**When was the debt incurred?** **Opened 04/17 Last Active 8/29/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**



Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.1  
7

**Synccb/walmart Dc**

Nonpriority Creditor's Name

**Po Box 965024  
Orlando, FL 32896**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **7514**

**\$2,222.00**

**When was the debt incurred?** **Opened 11/16 Last Active 8/29/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.1  
8

**Td Bank Usa/targetcred**

Nonpriority Creditor's Name

**Po Box 673  
Minneapolis, MN 55440**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9797**

**\$3,034.00**

**When was the debt incurred?** **Opened 11/16 Last Active 8/15/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.1  
9

**Td Bank Usa/targetcred**

Nonpriority Creditor's Name

**Po Box 673  
Minneapolis, MN 55440**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4398**

**\$2,860.00**

**When was the debt incurred?** **Opened 11/16 Last Active 9/26/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if know) \_\_\_\_\_

4.2  
0

**Wells Fargo**

Last 4 digits of account number **1420**

**\$5,815.00**

Nonpriority Creditor's Name

**Credit Bureau Dispute Resoluti  
Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? **Opened 12/16 Last Active  
9/26/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 67,486.00
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 67,486.00

**Fill in this information to identify your case:**

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name  Number Street  City State ZIP Code	
2.2 Name  Number Street  City State ZIP Code	
2.3 Name  Number Street  City State ZIP Code	
2.4 Name  Number Street  City State ZIP Code	
2.5 Name  Number Street  City State ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	<b>Lawrence Ray Neville</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Connie Sue Neville</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF OKLAHOMA		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name

Number	Street	State	ZIP Code
City			

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

**3.2**

Name

Number	Street	State	ZIP Code
City			

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Lawrence Ray Neville

Debtor 2 Connie Sue Neville  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed  
☐ Not employed

RN

VA Medical Center

Muskogee, OK

11 years

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Veteran Claims Examiner

VA Regional Office

Muskogee, OK

4.5years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,215.73</u>	\$ <u>3,716.27</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,215.73</u>	\$ <u>3,716.27</u>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 6,215.73	\$ 3,716.27	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,285.90	\$ 792.72	
5b. Mandatory contributions for retirement plans	5b. \$ 49.83	\$ 115.20	
5c. Voluntary contributions for retirement plans	5c. \$ 186.46	\$ 185.81	
5d. Required repayments of retirement fund loans	5d. \$ 470.17	\$ 0.00	
5e. Insurance	5e. \$ 476.67	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: vision	5h.+ \$ 23.21	\$ 0.00	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,492.24	\$ 1,093.73	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 3,723.49	\$ 2,622.54	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,723.49 + \$ 2,622.54 = \$ 6,346.03		
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ 0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ 6,346.03 Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Lawrence Ray Neville

Debtor 2 Connie Sue Neville  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF OKLAHOMA

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Grandson

10 mos

☐ No

☒ Yes

Daughter

15

☐ No

☒ Yes

Son

26

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,297.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 175.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>428.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>132.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>370.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>1,300.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>150.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>150.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>350.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>214.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>car and boat reg</u>	16. \$ <u>20.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>572.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>279.00</u>
17c. Other. Specify: <u>utv</u>	17c. \$ <u>209.00</u>
17d. Other. Specify: <u>boat</u>	17d. \$ <u>152.00</u>
<u>wffn (furniture)</u>	\$ <u>186.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b>	\$ <u>0.00</u>
Specify: _____	19. _____
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <u>6,184.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>6,184.00</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>6,346.03</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>6,184.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>162.03</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____



**Fill in this information to identify your case:**

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Lawrence Ray Neville**

**Lawrence Ray Neville**

Signature of Debtor 1

Date **December 12, 2017**

X **/s/ Connie Sue Neville**

**Connie Sue Neville**

Signature of Debtor 2

Date **December 12, 2017**

**Fill in this information to identify your case:**

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1 lived there****Debtor 2 Prior Address:****Dates Debtor 2 lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:****Debtor 1****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)☒ Wages, commissions, bonuses, tips**\$56,443.20**☐ Operating a business**Debtor 2****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)☒ Wages, commissions, bonuses, tips**\$34,469.60**☐ Operating a business

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
<b>For last calendar year: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$66,452.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that: (January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$66,185.73</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Bank2/dovenhuehle 1 Corporate Dr Ste 360 Lake Zurich, IL 60047	October November December 2017	\$3,771.00	\$189,715.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Oklahoma Central Cu 11335 E 41st St Tulsa, OK 74146	October November December 2017	\$1,716.00	\$41,014.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Freedom Road Financial 10509 Professional Cir S Reno, NV 89521	October November December 2017	\$624.00	\$6,240.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Thrift Savings Plan 1 PO Box 385021 Birmingham, AL 35238	October, November, December 2017	\$1,299.00	\$6,889.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☐ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☐ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☐ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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**Part 6: List Certain Losses**

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☐ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
--	---	-------------------	------------------------

**Part 7: List Certain Payments or Transfers**

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known)

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Mark A. Grober PO Box 2733 Muskogee, OK 74402 attygrober@sbcglobal.net	Attorney Fees	9-28-17	\$1,250.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name  
Address  
(Number, Street, City, State and ZIP Code)

Describe the nature of the business  
Name of accountant or bookkeeper

Employer Identification number  
Do not include Social Security number or ITIN.  
Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Lawrence Ray Neville

Lawrence Ray Neville  
Signature of Debtor 1

/s/ Connie Sue Neville

Connie Sue Neville  
Signature of Debtor 2

Date December 12, 2017

Date December 12, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



Fill in this information to identify your case:

Debtor 1 **Lawrence Ray Neville**  
First Name Middle Name Last Name

Debtor 2 **Connie Sue Neville**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF OKLAHOMA**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Bank2/dovenhuehle</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>920 South Country Club Rd Muskogee, OK 74403 Muskogee County The South 300 feet of the North 325 feet of the West 440 feet of teh Southwest Quarter of the Southwest Quarter of Section 32 Townahip 15 North Range 19 East of the Indian Base</b>		
Creditor's name: <b>Freedom Road Financial</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>2014 Arctic Cat 50 miles</b>		

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

Creditor's name: **Oklahoma Central Cu**

Description of property: **2016 GMC Yukon**  
securing debt:

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a *Reaffirmation Agreement*.  
☐ Retain the property and [explain]: \_\_\_\_\_

☐ No  
☒ Yes

Creditor's name: **The Credit Union Loan Source LLC**

Description of property: **2016 toyota corolla 39000 miles daughters vehicle**  
securing debt:

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a *Reaffirmation Agreement*.  
☐ Retain the property and [explain]: \_\_\_\_\_

☐ No  
☒ Yes

Creditor's name: **Thrift Savings Plan 1**

Description of property: **Thrift Saving: TSP Account**  
securing debt:

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a *Reaffirmation Agreement*.  
☐ Retain the property and [explain]: \_\_\_\_\_

☐ No  
☒ Yes

Creditor's name: **Thrift Savings Plan 2**

Description of property: **Thrift Saving: TSP Account**  
securing debt:

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a *Reaffirmation Agreement*.  
☐ Retain the property and [explain]: \_\_\_\_\_

☐ No  
☒ Yes

Creditor's name: **Us Bank**

Description of property: **2012 Tracker 175F 17'7" bass boat 60 hp Mercury motor**  
securing debt:

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a *Reaffirmation Agreement*.  
☐ Retain the property and [explain]: \_\_\_\_\_

☒ No  
☐ Yes

Creditor's name: **Wffnb Retail**

Description of property: **theater seating**  
securing debt:

- ☐ Surrender the property.  
☐ Retain the property and redeem it.  
☒ Retain the property and enter into a *Reaffirmation Agreement*.  
☐ Retain the property and [explain]: \_\_\_\_\_

☐ No  
☒ Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

Lessor's name:	<input type="checkbox"/> No
Description of leased	
Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased	
Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased	
Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased	
Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased	
Property:	<input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No
Description of leased	
Property:	<input type="checkbox"/> Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Lawrence Ray Neville  
**Lawrence Ray Neville**  
Signature of Debtor 1

X /s/ Connie Sue Neville  
**Connie Sue Neville**  
Signature of Debtor 2

Date December 12, 2017

Date December 12, 2017

Fill in this information to identify your case:

Debtor 1 Lawrence Ray Neville  
Debtor 2 Connie Sue Neville  
(Spouse, if filing)  
United States Bankruptcy Court for the: Eastern District of Oklahoma  
Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,180.93	\$ 3,716.27
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>6,180.93</b>	+ \$ <b>3,716.27</b> = \$ <b>9,897.20</b>
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **9,897.20**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ **118,766.40**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **OK**

Fill in the number of people in your household. **5**

Fill in the median family income for your state and size of household. 13. \$ **78,544.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Lawrence Ray Neville**

**Lawrence Ray Neville**

Signature of Debtor 1

Date **December 12, 2017**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**X /s/ Connie Sue Neville**

**Connie Sue Neville**

Signature of Debtor 2

Date **December 12, 2017**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Lawrence Ray Neville

Debtor 2 Connie Sue Neville  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Oklahoma

Case number \_\_\_\_\_  
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

## Official Form 122A - 2 Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

**Part 1:** Determine Your Adjusted Income

1. Copy your total current monthly income. \_\_\_\_\_ Copy line 11 from Official Form 122A-1 here=>..... \$ 9,897.20

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☐ No. Fill in \$0 for the total on line 3.
- ☒ Yes. Is your spouse Filing with you?
- ☐ No. Go to line 3.
- ☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 for the total on line 3.
- ☐ Yes. Fill in the information below:

**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

**Fill in the amount you are subtracting from your spouse's income**

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total.</b> _____	\$ <b>0.00</b>

Copy total here=>... - \$ 0.00

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 9,897.20

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5

**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **1,975.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ **49**

7b. Number of people who are under 65 X **5**

7c. **Subtotal.** Multiply line 7a by line 7b. \$ **245.00** Copy here=> \$ **245.00**

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ **117**

7e. Number of people who are 65 or older X **0**

7f. **Subtotal.** Multiply line 7d by line 7e. \$ **0.00** Copy here=> +\$ **0.00**

7g. **Total.** Add line 7c and line 7f \$ **245.00** Copy total here=> \$ **245.00**

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- ☒ **Housing and utilities - Insurance and operating expenses**
- ☒ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.  
This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **646.00**

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$ **817.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Bank2/dovenhuehle	\$ <b>1,297.00</b>

Total average monthly payment \$ **1,297.00** Copy here=> -\$ **1,297.00** Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. \$ **0.00** Copy here=> \$ **0.00**

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **200.00**

Explain why: **utility costs exceed normal and maintenance**

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **430.00**



13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: **2016 GMC Yukon**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **485.00**

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<b>Oklahoma Central Cu</b>	\$ <b>572.00</b>

Total Average Monthly Payment

\$ **572.00**

Copy here => -\$ **572.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense  
Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ **0.00**

Copy net Vehicle 1 expense here => \$ **0.00**

**Vehicle 2** Describe Vehicle 2: **2016 toyota corolla 39000 miles daughters vehicle**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **485.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<b>The Credit Union Loan Source LLC</b>	\$ <b>279.00</b>

Total Average Monthly Payment

\$ **279.00**

Copy here => -\$ **279.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense  
Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. ....

\$ **206.00**

Copy net Vehicle 2 expense here => \$ **206.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ **2,076.88**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **165.03**
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **108.00**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ **0.00**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ **150.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ **6,201.91**  
Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$	<u>494.46</u>
Disability insurance	\$	<u>0.00</u>
Health savings account	+ \$	<u>0.00</u>

Total

\$ 494.46

Copy total here=>

\$ 494.46

Do you actually spend this total amount?

- ☐ No. How much do you actually spend?  
☒ Yes

\$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 68.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 0.00

32. **Add all of the additional expense deductions.**  
Add lines 25 through 31.

\$ 562.46

### Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

#### Mortgages on your home:

33a. Copy line 9b here => Average monthly payment  
\$ **1,297.00**

#### Loans on your first two vehicles:

33b. Copy line 13b here => \$ **572.00**

33c. Copy line 13e here => \$ **279.00**

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
<b>Freedom Road Financial</b>	<b>2014 Arctic Cat 50 miles</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<span style="border: 1px solid black; padding: 2px;">\$ <b>208.00</b></span>
<b>Thrift Savings Plan 1</b>	<b>Thrift Saving: TSP Account</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<span style="border: 1px solid black; padding: 2px;">\$ <b>433.00</b></span>
<b>Thrift Savings Plan 2</b>	<b>Thrift Saving: TSP Account</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<span style="border: 1px solid black; padding: 2px;">\$ <b>37.82</b></span>
<b>Us Bank</b>	<b>2012 Tracker 175F 17'7" bass boat 60 hp Mercury motor</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<span style="border: 1px solid black; padding: 2px;">\$ <b>152.00</b></span>
<b>Wffnb Retail</b>	<b>theater seating</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<span style="border: 1px solid black; padding: 2px;">\$ <b>186.00</b></span>

33e. Total average monthly payment. Add lines 33a through 33d \$ **3,164.82** Copy total here=> \$ **3,164.82**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.  
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
<b>-NONE-</b>		\$ <b>0.00</b>	$\div 60 =$ \$ <b>0.00</b>
		<span style="border: 1px solid black; padding: 2px;">Total \$ <b>0.00</b></span>	<span style="border: 1px solid black; padding: 2px;">Copy total here=&gt; \$ <b>0.00</b></span>

Debtor 1 **Lawrence Ray Neville**  
Debtor 2 **Connie Sue Neville**

Case number (if known) \_\_\_\_\_

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ 0.00 ÷ 60 = \$ 0.00

**36. Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☒ No. Go to line 37.  
☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ \_\_\_\_\_

Copy total here=> \$ \_\_\_\_\_

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

\$ **3,164.82**

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances* .....

\$ **6,201.91**

Copy line 32, *All of the additional expense deductions* .....

\$ **562.46**

Copy line 37, *All of the deductions for debt payment* .....

+\$ **3,164.82**

Total deductions

\$ **9,929.19**

Copy total here.....=> \$ **9,929.19**

**Part 3: Determine Whether There is a Presumption of Abuse**

**39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income* .....

\$ **9,897.20**

39b. Copy line 38, *Total deductions* .....

-\$ **9,929.19**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a

\$ **-31.99**

Copy here=> \$ **-31.99**

For the next 60 months (5 years) ..... x 60

39d. Total. Multiply line 39c by 60

39d. \$ **-1,919.40**

Copy here=> \$ **-1,919.40**

**40. Find out whether there is a presumption of abuse.** Check the box that applies:

- ☒ **The line 39d is less than \$7,700\*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse*. Go to Part 5.
- ☐ **The line 39d is more than \$12,850\*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Go to Part 5.
- ☐ **The line 39d is at least \$7,700\*, but not more than \$12,850\*.** Go to line 41.

\*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ \_\_\_\_\_  
x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)

Multiply line 41a by 0.25.....

\$ \_\_\_\_\_

Copy  
here=>

\$ \_\_\_\_\_

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense  
or income adjustment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ **Lawrence Ray Neville**

**Lawrence Ray Neville**

Signature of Debtor 1

Date **December 12, 2017**

MM / DD / YYYY

X /s/ **Connie Sue Neville**

**Connie Sue Neville**

Signature of Debtor 2

Date **December 12, 2017**

MM / DD / YYYY

## Current Monthly Income Details for the Debtor

### Debtor Income Details:

Income for the Period **06/01/2017** to **11/30/2017**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **va**

Year-to-Date Income:

Starting Year-to-Date Income: **\$27,964.00** from check dated **5/31/2017** .

Ending Year-to-Date Income: **\$65,049.60** from check dated **11/30/2017** .

Income for six-month period (Ending-Starting): **\$37,085.60** .

Average Monthly Income: **\$6,180.93** .



## Current Monthly Income Details for the Debtor's Spouse

### Spouse Income Details:

Income for the Period **06/01/2017** to **11/30/2017**.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **va**

Year-to-Date Income:

Starting Year-to-Date Income: **\$17,317.60** from check dated **5/31/2017** .

Ending Year-to-Date Income: **\$39,615.20** from check dated **11/30/2017** .

Income for six-month period (Ending-Starting): **\$22,297.60** .

Average Monthly Income: **\$3,716.27** .

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

## Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their debts  
and who are willing to allow their nonexempt  
property to be used to pay their creditors. The  
primary purpose of filing under chapter 7 is to have  
your debts discharged. The bankruptcy discharge  
relieves you after bankruptcy from having to pay  
many of your pre-bankruptcy debts. Exceptions exist  
for particular debts, and liens on property may still  
be enforced after discharge. For example, a creditor  
may have the right to foreclose a home mortgage or  
repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your  
discharge.

You should know that even if you file chapter 7 and  
you receive a discharge, some debts are not  
discharged under the law. Therefore, you may still  
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement  
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Eastern District of Oklahoma**

In re **Lawrence Ray Neville**  
**Connie Sue Neville**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>1,250.00</b>
Prior to the filing of this statement I have received .....	\$	<b>1,250.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**December 12, 2017**

*Date*

**/s/ Mark A. Grober**

**Mark A. Grober 3632 OK**

*Signature of Attorney*

**Mark A. Grober**

**PO Box 2733**

**Muskogee, OK 74402**

**918-682-1100 Fax: 918-682-0793**

**attygrober@sbcglobal.net**

*Name of law firm*

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Lawrence Ray Neville  
Connie Sue Neville**

Debtor(s)

Case No.  
Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **December 12, 2017**

**/s/ Lawrence Ray Neville**

**Lawrence Ray Neville**

Signature of Debtor

Date: **December 12, 2017**

**/s/ Connie Sue Neville**

**Connie Sue Neville**

Signature of Debtor

Bank2/dovenhuehle  
1 Corporate Dr Ste 360  
Lake Zurich, IL 60047

Bby/cbna  
Po Box 6497  
Sioux Falls, SD 57117

Bk Of Amer  
Po Box 982238  
El Paso, TX 79998

Capital One  
15000 Capital One Dr  
Richmond, VA 23238

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Citi  
Pob 6241  
Sioux Falls, SD 57117

Discover Fin Svcs Llc  
Po Box 15316  
Wilmington, DE 19850

Elan Financial Service  
Po Box 108  
Saint Louis, MO 63166

Freedom Road Financial  
10509 Professional Cir S  
Reno, NV 89521

NPAS Inc  
PO Box 99400  
Louisville, KY 40269

Oklahoma Central Cu  
11335 E 41st St  
Tulsa, OK 74146

Syncb/care Credit  
C/o Po Box 965036  
Orlando, FL 32896

Syncb/jcp  
Po Box 965007  
Orlando, FL 32896

Syncb/lowes  
Po Box 965005  
Orlando, FL 32896



Syncb/paypal Extras Mc  
Po Box 965005  
Orlando, FL 32896

Syncb/sams Club Dc  
Po Box 965005  
Orlando, FL 32896

Syncb/walmart  
Po Box 965024  
Orlando, FL 32896

Syncb/walmart Dc  
Po Box 965024  
Orlando, FL 32896

Td Bank Usa/targetcred  
Po Box 673  
Minneapolis, MN 55440

The Credit Union Loan Source LLC  
PO Box 105387  
Atlanta, GA 30348

Thrift Savings Plan 1  
PO Box 385021  
Birmingham, AL 35238

Thrift Savings Plan 2  
PO Box 385021  
Birmingham, AL 35238

Us Bank  
Po Box 5227  
Cincinnati, OH 45201

Wells Fargo  
Credit Bureau Dispute Resoluti  
Des Moines, IA 50306

Wffnb Retail  
Po Box 94498  
Las Vegas, NV 89193

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Lawrence Ray Neville  
Connie Sue Neville**

Debtor(s)

Case No.

Chapter

**7**

**DECLARATION RE: ELECTRONIC FILING OF  
PETITION, SCHEDULES & STATEMENTS**

**PART I - DECLARATION OF PETITIONER**

I [We] **Lawrence Ray Neville** and **Connie Sue Neville** the undersigned debtor(s), *hereby declare under penalty of perjury* that the information I have given my attorney and the information provided in the electronically filed petition, statements, and schedules is true and correct. I consent to my attorney sending my petition, this declaration, statements and schedules to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 15 days following the date the petition was electronically filed. I understand that failure to file the signed original of this DECLARATION will cause my case to be dismissed without further notice.

☒ [If petitioner is an individual whose debts are primarily consumer debts] I am aware that I may proceed under chapter 7, 11, 12 (when available) or 13 of Title 11 United States Code and understand the relief available under each such chapter. I request relief in accordance with the chapter specified in this petition. I declare under penalty of perjury that I have read and signed a completed Form B21 Statement of Social Security Number, and that the information on the form is true and correct.

☐ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

☐ [If petitioner files an application to pay filing fees in installments] I certify that I completed an application to pay the filing fee in installments. I am aware that if the fee is not paid within 120 days of the filing date of filing the petition, the bankruptcy case may be dismissed and, if dismissed, I may not receive a discharge of my debts.

Dated: **December 12, 2017**

Signed:

**Lawrence Ray Neville**  
Applicant

**Connie Sue Neville**  
Joint Applicant

**PART II - DECLARATION OF ATTORNEY:**

I *declare under penalty of perjury* that I have reviewed the above debtor's petition and that the information is complete and correct to the best of my knowledge. The debtor(s) will have signed this form before I submit the petition, schedules, and statements. I will give the debtor(s) a copy of all forms and information to be filed with the United States Bankruptcy Court. I further declare that I have examined the above debtor's petition, schedules, and statements and, to the best of my knowledge and belief, they are true, correct, and complete. If an individual, I further declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 (when available) or 13 of Title 11, United States Code, and have explained the relief available under each such chapter. If an individual, I further declare that the debtor(s) have read and signed a completed Form B21 Statement of Social Security Number, and that I shall retain the form for a period of one (1) year following the closing of the case. This declaration is based on all information of which I have knowledge.

Dated: **December 12, 2017**

Signed:

**Mark A. Grober 3632 OK**  
Attorney for Debtor(s)

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Lawrence Ray Neville  
Connie Sue Neville**

Debtor(s)

Case No.

Chapter

**7**

**PAYMENT ADVICES CERTIFICATION**

*(NOTE: A separate form must be filed by **each** debtor in a joint case)*

Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv), a debtor shall file copies of *all* payment advices or other evidence of payment (such as paycheck stubs, direct deposit statements, employer's statement of hours and earnings) received from the debtor's employer *within 60 days* before the date the debtor filed his/her bankruptcy case (the "petition date").\*

I, **Lawrence Ray Neville** hereby state as follows:  
(debtor's name)

*(select one)*

- ☒ I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from my employer(s) within 60 days before the petition date.
- ☐ I received payment advices from an employer(s) during the 60 days before the petition date but have not yet located or obtained copies of all of the payment advices.
- ☐ I did not receive any payment advices or other evidence of payment from any employer at any point during the 60 days before the petition date. \_\_\_\_

*(If you were employed, attach an explanation of why you did not receive any payment advices from your employer.)*

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge, information and belief.

Date: **December 12, 2017**

**/s/ Lawrence Ray Neville**

(Signature of Debtor)

Print name: **Lawrence Ray Neville**

***\* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.***

<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										<b>1. Pay Period End</b> 09/02/17																	
										<b>2. Pay Date</b> 09/08/17																	
<b>3. Name</b> NEVILLE LAWRENCE R			<b>4. Pay Plan/Grade/Step</b> VN 02 09		<b>5. Hourly/Daily Rate</b> 35.86		<b>6. Basic OT Rate</b> 53.79		<b>7. Basic Pay + Locality Adj = Adjusted Basic Pay</b> 74587.00 74587.00																		
<b>8. Soc Sec No</b> ***--6415			<b>9. Locality %</b>		<b>10. FLSA Category</b> E		<b>11. SCD Leave</b> 06/25/06		<b>12. Max Leave Carry Over</b> 685																		
<b>13. Leave Year End</b> 01/06/18																											
<b>14. Financial Institution - Net Pay</b> BOKF, N.A.				<b>15. Financial Institution - Allotment #1</b>				<b>16. Financial Institution - Allotment #2</b>																			
<b>17. Tax</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">FED</td> <td style="text-align: center;">M</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">OK</td> <td style="text-align: center;">M</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>				FED	M	1	0	OK	M	0	0	<b>18. Tax</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">FED</td> <td style="text-align: center;">M</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">OK</td> <td style="text-align: center;">M</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>				FED	M	1	0	OK	M	0	0	<b>19. Cumulative Retirement</b> FERS: 4019.64			
FED	M	1	0																								
OK	M	0	0																								
FED	M	1	0																								
OK	M	0	0																								
<b>21.</b> GROSS PAY 2868.80 TAXABLE WAGES 2564.75 NONTAXABLE WAGES 217.99 TAX DEFERRED WAGES 86.06 DEDUCTIONS 1150.26 AEIC NET PAY 1718.54				<b>22.</b> TSP DATA 3%																							
<b>CURRENT EARNINGS</b>																											
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT																	
REGULAR PAY		80.00		2868.80																							
<b>DEDUCTIONS</b>																											
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE																	
FEDLI		W0		11.55		204.00		FEDLI OPTNL		B																	
FEHB		112		173.59		3115.23		MEDICARE		38.44																	
OASDI				164.35		2901.05		RETIRE, FERS		K																	
TAX, FEDERAL				275.58		4826.07		TAX, STATE		OK																	
TSP LOANS		314003R		17.09		307.62		TSP LOANS		706004G																	
TSP SAVINGS				86.06		1521.20		DENTAL		33.69																	
VISION				10.71		193.08																					
<b>LEAVE</b>																											
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD																	
ANNUAL		268.00		8.00		136.00		8.00		159.75																	
SICK		181.25		4.00		68.00		5.50		101.50																	
HOLIDAY										16.00																	
<b>BENEFITS PAID BY GOVERNMENT FOR YOU</b>																											
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE																	
FEDLI		5.78		102.09		FEHB		505.22		9077.24																	
MEDICARE		38.44		678.47		OASDI		164.35		2901.05																	
RETIRE, FERS		393.03		6946.68		TSP BASIC		28.69		507.04																	
TSP MATCHING		86.06		1521.20																							
<b>REMARKS</b>																											
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17) PLEASE VISIT <a href="http://CONSTITUTIONDAY.CPMS.OSD.MIL">HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</a> PRETAX FEHB EXCLUSION \$ 173.59																											

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										<b>1. Pay Period End</b> 09/16/17		
										<b>2. Pay Date</b> 09/22/17		
<b>3. Name</b> NEVILLE LAWRENCE R			<b>4. Pay Plan/Grade/Step</b> VN 02 09		<b>5. Hourly/Daily Rate</b> 35.86		<b>6. Basic OT Rate</b> 53.79		<b>7. Basic Pay + Locality Adj = Adjusted Basic Pay</b> 74587.00 74587.00			
<b>8. Soc Sec No</b> ***--6415			<b>9. Locality %</b>		<b>10. FLSA Category</b> E		<b>11. SCD Leave</b> 06/25/06		<b>12. Max Leave Carry Over</b> 685		<b>13. Leave Year End</b> 01/06/18	
<b>14. Financial Institution - Net Pay</b> BOKF, N.A.				<b>15. Financial Institution - Allotment #1</b>				<b>16. Financial Institution - Allotment #2</b>				
<b>17. Tax</b> <b>Marital Status</b> <b>Exemptions</b> <b>Add'l</b> FED    M                      1            0 OK     M                      0            0				<b>18. Tax</b> <b>Marital Status</b> <b>Exemptions</b> <b>Add'l</b> <b>Taxing Authority</b> Status				<b>19. Cumulative Retirement</b> FERS:    4042.59		<b>20. Military Deposit</b>		
<b>21.</b> <b>Current</b> <b>Year to Date</b> GROSS PAY                      2868.80                      53574.40 TAXABLE WAGES                      2564.75                      47834.63 NONTAXABLE WAGES                      217.99                      4132.51 TAX DEFERRED WAGES                      86.06                      1607.26 DEDUCTIONS                      1150.26                      21552.19 AEIC NET PAY                      1718.54                      32022.21				<b>22.</b> TSP DATA                      3%								

  

CURRENT EARNINGS									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	
REGULAR PAY	80.00	2868.80							

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	W0	11.55	215.55	FEGLI OPTNL	B	26.25	489.65
FEHB	112	173.59	3288.82	MEDICARE		38.44	716.91
OASDI		164.35	3065.40	RETIRE, FERS	K	22.95	428.55
TAX, FEDERAL		275.58	5101.65	TAX, STATE	OK	90.00	1670.00
TSP LOANS	314003R	17.09	324.71	TSP LOANS	706004G	200.00	3800.00
TSP SAVINGS		86.06	1607.26	DENTAL		33.69	639.90
VISION		10.71	203.79				

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	268.00	8.00	144.00	8.00	167.75		244.25	
SICK	181.25	4.00	72.00	12.00	113.50		139.75	
HOLIDAY				8.00	24.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	5.78	107.87	FEHB	505.22	9582.46
MEDICARE	38.44	716.91	OASDI	164.35	3065.40
RETIRE, FERS	393.03	7339.71	TSP BASIC	28.69	535.73
TSP MATCHING	86.06	1607.26			

  

REMARKS
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17) PLEASE VISIT <a href="http://CONSTITUTIONDAY.CPMS.OSD.MIL">HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</a> PRETAX FEHB EXCLUSION \$ 173.59

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										1. Pay Period End 09/30/17	
										2. Pay Date 10/06/17	
3. Name NEVILLE LAWRENCE R			4. Pay Plan/Grade/Step VN 02 09		5. Hourly/Daily Rate 35.86		6. Basic OT Rate 53.79		7. Basic Pay + Locality Adj = Adjusted Basic Pay 74587.00 74587.00		
8. Soc Sec No ***-**-6415			9. Locality %		10. FLSA Category E		11. SCD Leave 06/25/06		12. Max Leave Carry Over 685		13. Leave Year End 01/06/18
14. Financial Institution - Net Pay BOKE, N.A.				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status	
FED M				1		0					
OK M				0		0					
								19. Cumulative Retirement FERS: 4065.54		20. Military Deposit	
21.		Current		Year to Date		22.					
GROSS PAY		2868.80		56443.20		TSP DATA 3%					
TAXABLE WAGES		2564.75		50399.38							
NONTAXABLE WAGES		217.99		4350.50							
TAX DEFERRED WAGES		86.06		1693.32							
DEDUCTIONS		1150.25		22702.44							
AEIC											
NET PAY		1718.55		33740.76							

  

CURRENT EARNINGS									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE
REGULAR PAY	80.00	2868.80							

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	W0	11.55	227.10	FEGLI OPTNL	B	26.25	515.90
FEHB	112	173.59	3462.41	MEDICARE		38.43	755.34
OASDI		164.35	3229.75	RETIRE, FERS	K	22.95	451.50
TAX, FEDERAL		275.58	5377.23	TAX, STATE	OK	90.00	1760.00
TSP LOANS	314003R	17.09	341.80	TSP LOANS	706004G	200.00	4000.00
TSP SAVINGS		86.06	1693.32	DENTAL		33.69	673.59
VISION		10.71	214.50				

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	268.00	8.00	152.00	12.00	179.75		240.25	
SICK	181.25	4.00	76.00		113.50		143.75	
HOLIDAY					24.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	5.78	113.65	FEHB	505.22	10087.68
MEDICARE	38.43	755.34	OASDI	164.35	3229.75
RETIRE, FERS	393.03	7732.74	TSP BASIC	28.69	564.42
TSP MATCHING	86.06	1693.32			

  

REMARKS
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17) PLEASE VISIT <a href="http://CONSTITUTIONDAY.CPMS.OSD.MIL">HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</a> PRETAX FEHB EXCLUSION \$ 173.59

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

<b>DEPARTMENT OF DEFENSE</b>										1. Pay Period End 10/14/17	
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										2. Pay Date 10/20/17	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name NEVILLE LAWRENCE R			4. Pay Plan/Grade/Step VN 02 09		5. Hourly/Daily Rate 35.86		6. Basic OT Rate 53.79		7. Basic Pay + Locality Adj = Adjusted Basic Pay 74587.00 74587.00		
8. Soc Sec No ***-**-6415			9. Locality % 0.00		10. FLSA Category E		11. SCD Leave 06/25/06		12. Max Leave Carry Over 685		13. Leave Year End 01/06/18
14. Financial Institution - Net Pay ARMSTRONG BANK				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status	
FED M				1		0					
OK M				0		0					
19. Cumulative Retirement FERS: 4088.49						20. Military Deposit					
21.			Current			Year to Date			22.		
GROSS PAY			2868.80			59312.00			TSP DATA 3%		
TAXABLE WAGES			2564.75			52964.13					
NONTAXABLE WAGES			217.99			4568.49					
TAX DEFERRED WAGES			86.06			1779.38					
DEDUCTIONS			1150.26			23852.70					
AEIC											
NET PAY			1718.54			35459.30					

  

CURRENT EARNING									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	
REGULAR PAY	80.00	2868.80							

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	W0	11.55	238.65	FEGLI OPTNL	B	26.25	542.15
FEHB	112	173.59	3636.00	MEDICARE		38.44	793.78
OASDI		164.35	3394.10	RETIRE, FERS	K	22.95	474.45
TAX, FEDERAL		275.58	5652.81	TAX, STATE	OK	90.00	1850.00
TSP LOANS	314003R	17.09	358.89	TSP LOANS	706004G	200.00	4200.00
TSP SAVINGS		86.06	1779.38	DENTAL		33.69	707.28
VISION		10.71	225.21				

  

LEAVE									
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE	
ANNUAL	268.00	8.00	160.00	12.00	191.75		236.25		
SICK	181.25	4.00	80.00	8.00	121.50		139.75		
HOLIDAY				8.00	32.00				

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	5.78	119.43	FEHB	505.22	10592.90
MEDICARE	38.44	793.78	OASDI	164.35	3394.10
RETIRE, FERS	393.03	8125.77	TSP BASIC	28.69	593.11
TSP MATCHING	86.06	1779.38			

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW . . . . .</p> <p>CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17)</p> <p>PLEASE VISIT HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</p> <p>NET PAY BANK/ACCOUNT NUMBER/ACCOUNT TYPE CHANGED.</p> <p>PRETAX FEHB EXCLUSION \$ 173.59</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

<b>DEPARTMENT OF DEFENSE</b>										1. Pay Period End 10/28/17	
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										2. Pay Date 11/03/17	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name NEVILLE LAWRENCE R			4. Pay Plan/Grade/Step VN 02 09		5. Hourly/Daily Rate 35.86		6. Basic OT Rate 53.79		7. Basic Pay + Locality Adj = Adjusted Basic Pay 74587.00 74587.00		
8. Soc Sec No ***-**-6415			9. Locality % 0.00		10. FLSA Category E		11. SCD Leave 06/25/06		12. Max Leave Carry Over 685		13. Leave Year End 01/06/18
14. Financial Institution - Net Pay ARMSTRONG BANK				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax		Marital Status	Exemptions	Add'l	18. Tax		Marital Status	Exemptions	Add'l	19. Cumulative Retirement FERS: 4111.44	
FED M			1	0							
OK M			0	0							
21.				Current	Year to Date		22.				
GROSS PAY				2868.80	62180.80		TSP DATA 3%				
TAXABLE WAGES				2564.75	55528.88						
NONTAXABLE WAGES				217.99	4786.48						
TAX DEFERRED WAGES				86.06	1865.44						
DEDUCTIONS				1150.26	25002.96						
AEIC											
NET PAY				1718.54	37177.84						

  

CURRENT EARNING								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2868.80						

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	W0	11.55	250.20	FEGLI OPTNL	B	26.25	568.40
FEHB	112	173.59	3809.59	MEDICARE		38.44	832.22
OASDI		164.35	3558.45	RETIRE, FERS	K	22.95	497.40
TAX, FEDERAL		275.58	5928.39	TAX, STATE	OK	90.00	1940.00
TSP LOANS	314003R	17.09	375.98	TSP LOANS	706004G	200.00	4400.00
TSP SAVINGS		86.06	1865.44	DENTAL		33.69	740.97
VISION		10.71	235.92				

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	268.00	8.00	168.00		191.75		244.25	
SICK	181.25	4.00	84.00	16.00	137.50		127.75	
HOLIDAY					32.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	5.78	125.21	FEHB	505.22	11098.12
MEDICARE	38.44	832.22	OASDI	164.35	3558.45
RETIRE, FERS	393.03	8518.80	TSP BASIC	28.69	621.80
TSP MATCHING	86.06	1865.44			

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>GET READY FOR TAX SEASON NOW. GET YOUR 1095 FASTER AND MORE SECURE BY LOGGING ONTO MYPAY AT <a href="https://mypay.dfas.mil">HTTPS://MYPAY.DFAS.MIL</a> AND SELECTING THE TURN ON/OFF HARDCOPY 1095 OPTION TO ELECT ELECTRONIC ONLY.</p> <p>PRETAX FEHB EXCLUSION \$ 173.59</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



<b>DEPARTMENT OF DEFENSE</b>						1. Pay Period End 11/11/17	
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>						2. Pay Date 11/17/17	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL							
3. Name NEVILLE LAWRENCE R		4. Pay Plan/Grade/Step VN 02 09		5. Hourly/Daily Rate 35.86		6. Basic OT Rate 53.79	
				7. Basic Pay + Locality Adj = Adjusted Basic Pay 74587.00		74587.00	
8. Soc Sec No ***--6415		9. Locality % 0.00		10. FLSA Category E		11. SCD Leave 06/25/06	
				12. Max Leave Carry Over 685		13. Leave Year End 01/06/18	
14. Financial Institution - Net Pay ARMSTRONG BANK				15. Financial Institution - Allotment #1		16. Financial Institution - Allotment #2	
17. Tax Marital Exemptions Add'l FED M 1 0 OK M 0 0		18. Tax Marital Exemptions Add'l Taxing Authority Status		19. Cumulative Retirement FERS: 4134.39		20. Military Deposit	
21. Current Year to Date GROSS PAY 2868.80 65049.60 TAXABLE WAGES 2564.75 58093.63 NONTAXABLE WAGES 217.99 5004.47 TAX DEFERRED WAGES 86.06 1951.50 DEDUCTIONS 1150.25 26153.21 AEIC NET PAY 1718.55 38896.39				22. TSP DATA 3%			

  

CURRENT EARNING								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2868.80						

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	W0	11.55	261.75	FEGLI OPTNL	B	26.25	594.65
FEHB	112	173.59	3983.18	MEDICARE		38.43	870.65
OASDI		164.35	3722.80	RETIRE, FERS	K	22.95	520.35
TAX, FEDERAL		275.58	6203.97	TAX, STATE	OK	90.00	2030.00
TSP LOANS	314003R	17.09	393.07	TSP LOANS	706004G	200.00	4600.00
TSP SAVINGS		86.06	1951.50	DENTAL		33.69	774.66
VISION		10.71	246.63				

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	268.00	8.00	176.00		191.75		252.25	
SICK	181.25	4.00	88.00		137.50		131.75	
HOLIDAY				8.00	40.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	5.78	130.99	FEHB	505.22	11603.34
MEDICARE	38.43	870.65	OASDI	164.35	3722.80
RETIRE, FERS	393.03	8911.83	TSP BASIC	28.69	650.49
TSP MATCHING	86.06	1951.50			

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON</p> <p>FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>GET READY FOR TAX SEASON NOW. GET YOUR 1095 FASTER AND MORE SECURE</p> <p>BY LOGGING ONTO MYPAY AT <a href="https://mypay.dfas.mil">HTTPS://MYPAY.DFAS.MIL</a> AND SELECTING</p> <p>THE TURN ON/OFF HARDCOPY 1095 OPTION TO ELECT ELECTRONIC ONLY.</p> <p>PRETAX FEHB EXCLUSION \$ 173.59</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

<b>DEPARTMENT OF DEFENSE</b>  <b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b> VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL										1. Pay Period End 11/25/17  2. Pay Date 12/01/17		
3. Name NEVILLE LAWRENCE R			4. Pay Plan/Grade/Step VN 02 09		5. Hourly/Daily Rate 35.86		6. Basic OT Rate 53.79		7. Basic Pay + Locality Adj = Adjusted Basic Pay 74587.00 74587.00			
8. Soc Sec No ***-**-6415			9. Locality % 0.00		10. FLSA Category E		11. SCD Leave 06/25/06		12. Max Leave Carry Over 685		13. Leave Year End 01/06/18	
14. Financial Institution - Net Pay ARMSTRONG BANK				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2				
17. Tax		Marital Status	Exemptions	Add'l	18. Tax		Marital Status	Exemptions	Add'l	19. Cumulative Retirement FERS: 4157.34		20. Military Deposit
FED M			1	0								
OK M			0	0								
21.			Current	Year to Date		22.						
GROSS PAY			2868.80	67918.40		TSP DATA 3%						
TAXABLE WAGES			2564.75	60658.38								
NONTAXABLE WAGES			217.99	5222.46								
TAX DEFERRED WAGES			86.06	2037.56								
DEDUCTIONS			1150.26	27303.47								
AEIC												
NET PAY			1718.54	40614.93								

  

CURRENT EARNING								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	2868.80						

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	W0	11.55	273.30	FEGLI OPTNL	B	26.25	620.90
FEHB	112	173.59	4156.77	MEDICARE		38.44	909.09
OASDI		164.35	3887.15	RETIRE, FERS	K	22.95	543.30
TAX, FEDERAL		275.58	6479.55	TAX, STATE	OK	90.00	2120.00
TSP LOANS	314003R	17.09	410.16	TSP LOANS	706004G	200.00	4800.00
TSP SAVINGS		86.06	2037.56	DENTAL		33.69	808.35
VISION		10.71	257.34				

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	268.00	8.00	184.00	16.00	207.75		244.25	
SICK	181.25	4.00	92.00		137.50		135.75	
HOLIDAY				8.00	48.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	5.78	136.77	FEHB	505.22	12108.56
MEDICARE	38.44	909.09	OASDI	164.35	3887.15
RETIRE, FERS	393.03	9304.86	TSP BASIC	28.69	679.18
TSP MATCHING	86.06	2037.56			

  

REMARKS
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER. DO YOU WANT TO PARTICIPATE IN THE 2017 COMBINED FEDERAL CAMPAIGN? ALL ELECTRONIC PLEDGES MUST BE REGISTERED THROUGH THE NEW OPM WEBSITE AT <a href="https://CFPGIVING.OPM.GOV">HTTPS://CFPGIVING.OPM.GOV</a> . THE CAMPAIGN RUNS NOW UNTIL JAN. 12, 2018. GET READY FOR TAX SEASON NOW. GET YOUR 1095 FASTER AND MORE SECURE BY LOGGING ONTO MYPAY AT <a href="https://MYPAY.DFAS.MIL">HTTPS://MYPAY.DFAS.MIL</a> AND SELECTING THE TURN ON/OFF HARDCOPY 1095 OPTION TO ELECT ELECTRONIC ONLY. PRETAX FEHB EXCLUSION \$ 173.59

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

**United States Bankruptcy Court  
Eastern District of Oklahoma**

In re **Lawrence Ray Neville  
Connie Sue Neville**

Debtor(s)

Case No.

Chapter

**7**

**PAYMENT ADVICES CERTIFICATION**

*(NOTE: A separate form must be filed by **each** debtor in a joint case)*

Pursuant to 11 U.S.C. § 521(a)(1)(B)(iv), a debtor shall file copies of *all* payment advices or other evidence of payment (such as paycheck stubs, direct deposit statements, employer's statement of hours and earnings) received from the debtor's employer *within 60 days* before the date the debtor filed his/her bankruptcy case (the "petition date").\*

I, **Connie Sue Neville** hereby state as follows:  
(debtor's name)

*(select one)*

- ☒ I have attached hereto, or previously filed with the Court, copies of all payment advices or other evidence of payment received from my employer(s) within 60 days before the petition date.
- ☐ I received payment advices from an employer(s) during the 60 days before the petition date but have not yet located or obtained copies of all of the payment advices.
- ☐ I did not receive any payment advices or other evidence of payment from any employer at any point during the 60 days before the petition date. \_\_\_\_

*(If you were employed, attach an explanation of why you did not receive any payment advices from your employer.)*

I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge, information and belief.

Date: **December 12, 2017**

**/s/ Connie Sue Neville**

(Signature of Debtor)

Print name: **Connie Sue Neville**

**\* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.**

<div style="text-align: center;"> <h1>CIVILIAN LEAVE AND EARNINGS STATEMENT</h1> </div>										1. Pay Period End 09/02/17											
										2. Pay Date 09/08/17											
3. Name NEVILLE CONNIE S			4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00												
8. Soc Sec No ***--**-8283			9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240		13. Leave Year End 01/06/18										
14. Financial Institution - Net Pay BOKF, N.A.				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2													
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 5510.89		20. Military Deposit	
FED M				0		0															
OK M				0		20															
21.				Current				Year to Date				22.									
GROSS PAY				1715.20				31039.20				TSP DATA				5%					
TAXABLE WAGES				1629.44				29507.24													
NONTAXABLE WAGES																					
TAX DEFERRED WAGES				85.76				1531.96													
DEDUCTIONS				505.14				9047.90													
AEIC																					
NET PAY				1210.06				21991.30													
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		1715.20																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
FEGLI		K0		7.05		126.15		FEGLI OPTNL		B		6.30		102.20							
MEDICARE				24.87		450.07		OASDI				106.34		1924.43							
RETIRE, FERS		KR		53.17		949.80		TAX, FEDERAL				158.65		2922.29							
TAX, STATE		OK		63.00		1041.00		TSP SAVINGS				85.76		1531.96							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		38.25		6.00		102.00		77.25		63.00											
SICK		7.00		4.00		68.00		36.25		38.75											
COMPENSATORY		.25						.25													
TIME OFF AWD		6.00						6.00													
HOLIDAY								32.00													
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		3.53		63.15		MEDICARE		24.87		450.07											
OASDI		106.34		1924.43		RETIRE, FERS		204.11		3646.08											
TSP BASIC		17.15		306.36		TSP MATCHING		68.61		1225.60											
REMARKS																					
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17)</p> <p>PLEASE VISIT <a href="http://CONSTITUTIONDAY.CPMS.OSD.MIL">HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</a></p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>																					

<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										1. Pay Period End 09/16/17	
										2. Pay Date 09/22/17	
3. Name NEVILLE CONNIE S			4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00		
8. Soc Sec No ***--8283			9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240		13. Leave Year End 01/06/18
14. Financial Institution - Net Pay BOKF, N.A.				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status	
FED M		0		0							
OK M		0		20							
19. Cumulative Retirement FERS: 5564.06						20. Military Deposit					
21.						22.					
GROSS PAY						TSP DATA					
1715.20						5%					
TAXABLE WAGES											
1629.44											
NONTAXABLE WAGES											
TAX DEFERRED WAGES											
85.76						1617.72					
DEDUCTIONS						9553.04					
AEIC											
NET PAY						23201.36					
<b>CURRENT EARNINGS</b>											
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		1715.20							
<b>DEDUCTIONS</b>											
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE	
FEDGLI		K0		7.05		133.20		FEDGLI OPTNL		B	
MEDICARE				24.87		474.94		OASDI		106.34	
RETIRE, FERS		KR		53.17		1002.97		TAX, FEDERAL		158.65	
TAX, STATE		OK		63.00		1104.00		TSP SAVINGS		85.76	
										1617.72	
<b>LEAVE</b>											
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD	
ANNUAL		38.25		6.00		108.00				77.25	
SICK		7.00		4.00		72.00				36.25	
COMPENSATORY		.25								.25	
TIME OFF AWD		6.00								6.00	
HOLIDAY								8.00		40.00	
										42.75	
<b>BENEFITS PAID BY GOVERNMENT FOR YOU</b>											
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE	
FEDGLI		3.53		66.68		MEDICARE		24.87		474.94	
OASDI		106.34		2030.77		RETIRE, FERS		204.11		3850.19	
TSP BASIC		17.15		323.51		TSP MATCHING		68.61		1294.21	
<b>REMARKS</b>											
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17)</p> <p>PLEASE VISIT <a href="http://CONSTITUTIONDAY.CPMS.OSD.MIL">HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</a></p> <p>YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY.</p> <p>IF YOU DID NOT TAKE THIS ACTION, CONTACT 1-888-332-7411 OR (216) 522-5096.</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>											

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

								1. Pay Period End 09/30/17	
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>								2. Pay Date 10/06/17	
3. Name NEVILLE CONNIE S		4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00	
8. Soc Sec No ***--*-8283		9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240	
13. Leave Year End 01/06/18									
14. Financial Institution - Net Pay BOKF, N.A.				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2	
17. Tax Marital Status Exemptions Add'l		18. Tax Marital Status Exemptions Add'l		Taxing Authority		19. Cumulative Retirement		20. Military Deposit	
FED M 0 0	OK M 0 20					FERS: 5617.23			
21. GROSS PAY Current Year to Date		1715.20 34469.60		22. TSP DATA 5%					
TAXABLE WAGES		1629.44 32766.12							
NONTAXABLE WAGES									
TAX DEFERRED WAGES		85.76 1703.48							
DEDUCTIONS		505.15 10058.19							
AEIC									
NET PAY		1210.05 24411.41							
<b>CURRENT EARNINGS</b>									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	
REGULAR PAY	80.00	1715.20							
<b>DEDUCTIONS</b>									
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE		
FEGLI	KO	7.05	140.25	FEGLI OPTNL	B	6.30	114.80		
MEDICARE		24.87	499.81	OASDI		106.35	2137.12		
RETIRE, FERS	KR	53.17	1056.14	TAX, FEDERAL		158.65	3239.59		
TAX, STATE	OK	63.00	1167.00	TSP SAVINGS		85.76	1703.48		
<b>LEAVE</b>									
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE	
ANNUAL	38.25	6.00	114.00	8.00	85.25		67.00		
SICK	7.00	4.00	76.00		36.25		46.75		
COMPENSATORY	.25				.25				
TIME OFF AWD	6.00				6.00				
HOLIDAY					40.00				
<b>BENEFITS PAID BY GOVERNMENT FOR YOU</b>									
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE				
FEGLI	3.53	70.21	MEDICARE	24.87	499.81				
OASDI	106.35	2137.12	RETIRE, FERS	204.11	4054.30				
TSP BASIC	17.15	340.66	TSP MATCHING	68.61	1362.82				
<b>REMARKS</b>									
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17) PLEASE VISIT HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY									

<b>DEPARTMENT OF DEFENSE</b>							1. Pay Period End 10/14/17		
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>							2. Pay Date 10/20/17		
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL									
3. Name NEVILLE CONNIE S		4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00	
8. Soc Sec No ***-**-8283		9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240	
13. Leave Year End 01/06/18									
14. Financial Institution - Net Pay ARMSTRONG BANK			15. Financial Institution - Allotment #1			16. Financial Institution - Allotment #2			
17. Tax Marital Exemptions Add'l FED M 0 0 OK M 0 20		18. Tax Marital Exemptions Add'l Status		19. Cumulative Retirement FERS: 5670.40		20. Military Deposit			
21. Current Year to Date GROSS PAY 1715.20 36184.80 TAXABLE WAGES 1629.44 34395.56 NONTAXABLE WAGES TAX DEFERRED WAGES 85.76 1789.24 DEDUCTIONS 505.14 10563.33 AEIC NET PAY 1210.06 25621.47		22. TSP DATA 5%							

  

CURRENT EARNING									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	
REGULAR PAY	80.00	1715.20							

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	K0	7.05	147.30	FEGLI OPTNL	B	6.30	121.10
MEDICARE		24.87	524.68	OASDI		106.34	2243.46
RETIRE, FERS	KR	53.17	1109.31	TAX, FEDERAL		158.65	3398.24
TAX, STATE	OK	63.00	1230.00	TSP SAVINGS		85.76	1789.24

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	38.25	6.00	120.00	8.00	93.25		65.00	
SICK	7.00	4.00	80.00		36.25		50.75	
COMPENSATORY	0.25				0.25			
TIME OFF AWD	6.00				6.00			
HOLIDAY				8.00	48.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	3.53	73.74	MEDICARE	24.87	524.68
OASDI	106.34	2243.46	RETIRE, FERS	204.11	4258.41
TSP BASIC	17.15	357.81	TSP MATCHING	68.61	1431.43

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>CELEBRATE CONSTITUTION DAY/CITIZENSHIP DAY (SEP 17)</p> <p>PLEASE VISIT <a href="http://CONSTITUTIONDAY.CPMS.OSD.MIL">HTTP://CONSTITUTIONDAY.CPMS.OSD.MIL</a></p> <p>NET PAY BANK/ACCOUNT NUMBER/ACCOUNT TYPE CHANGED.</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



<b>DEPARTMENT OF DEFENSE</b>							1. Pay Period End 10/28/17		
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>							2. Pay Date 11/03/17		
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL									
3. Name NEVILLE CONNIE S		4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00	
8. Soc Sec No ***--**-8283		9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240	
13. Leave Year End 01/06/18		14. Financial Institution - Net Pay ARMSTRONG BANK			15. Financial Institution - Allotment #1			16. Financial Institution - Allotment #2	
17. Tax Marital Exemptions Add'l FED M 0 0 OK M 0 20		18. Tax Marital Exemptions Add'l Taxing Authority Status		19. Cumulative Retirement FERS: 5723.57		20. Military Deposit			
21. Current Year to Date GROSS PAY 1715.20 37900.00 TAXABLE WAGES 1629.44 36025.00 NONTAXABLE WAGES TAX DEFERRED WAGES 85.76 1875.00 DEDUCTIONS 505.14 11068.47 AEIC NET PAY 1210.06 26831.53				22. TSP DATA 5%					

  

CURRENT EARNING								
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT
REGULAR PAY	80.00	1715.20						

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	K0	7.05	154.35	FEGLI OPTNL	B	6.30	127.40
MEDICARE		24.87	549.55	OASDI		106.34	2349.80
RETIRE, FERS	KR	53.17	1162.48	TAX, FEDERAL		158.65	3556.89
TAX, STATE	OK	63.00	1293.00	TSP SAVINGS		85.76	1875.00

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	38.25	6.00	126.00	1.75	95.00		69.25	
SICK	7.00	4.00	84.00		36.25		54.75	
COMPENSATORY	0.25				0.25			
TIME OFF AWD	6.00				6.00			
HOLIDAY					48.00			

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	3.53	77.27	MEDICARE	24.87	549.55
OASDI	106.34	2349.80	RETIRE, FERS	204.11	4462.52
TSP BASIC	17.15	374.96	TSP MATCHING	68.61	1500.04

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>GET READY FOR TAX SEASON NOW. GET YOUR 1095 FASTER AND MORE SECURE BY LOGGING ONTO MYPAY AT <a href="https://mypay.dfas.mil">HTTPS://MYPAY.DFAS.MIL</a> AND SELECTING THE TURN ON/OFF HARDCOPY 1095 OPTION TO ELECT ELECTRONIC ONLY.</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED



<b>DEPARTMENT OF DEFENSE</b>										1. Pay Period End 11/11/17			
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										2. Pay Date 11/17/17			
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL													
3. Name NEVILLE CONNIE S			4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00				
8. Soc Sec No ***--*-8283			9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240		13. Leave Year End 01/06/18		
14. Financial Institution - Net Pay ARMSTRONG BANK				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2					
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions	
FED M				0		0							
OK M				0		20							
								19. Cumulative Retirement FERS: 5776.74				20. Military Deposit	
21.		Current		Year to Date		22.		TSP DATA		5%			
GROSS PAY		1715.20		39615.20									
TAXABLE WAGES		1629.44		37654.44									
NONTAXABLE WAGES													
TAX DEFERRED WAGES		85.76		1960.76									
DEDUCTIONS		505.14		11573.61									
AEIC													
NET PAY		1210.06		28041.59									

  

CURRENT EARNING									
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	
REGULAR PAY	80.00	1715.20							

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	K0	7.05	161.40	FEGLI OPTNL	B	6.30	133.70
MEDICARE		24.87	574.42	OASDI		106.34	2456.14
RETIRE, FERS	KR	53.17	1215.65	TAX, FEDERAL		158.65	3715.54
TAX, STATE	OK	63.00	1356.00	TSP SAVINGS		85.76	1960.76

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	38.25	6.00	132.00		95.00		75.25	
SICK	7.00	4.00	88.00		36.25		58.75	
COMPENSATORY	0.25				0.25			
TIME OFF AWD	6.00				6.00			
HOLIDAY					8.00		56.00	

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	3.53	80.80	MEDICARE	24.87	574.42
OASDI	106.34	2456.14	RETIRE, FERS	204.11	4666.63
TSP BASIC	17.15	392.11	TSP MATCHING	68.61	1568.65

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON</p> <p>FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW</p> <p>GET READY FOR TAX SEASON NOW. GET YOUR 1095 FASTER AND MORE SECURE</p> <p>BY LOGGING ONTO MYPAY AT <a href="https://mypay.dfas.mil">HTTPS://MYPAY.DFAS.MIL</a> AND SELECTING</p> <p>THE TURN ON/OFF HARDCOPY 1095 OPTION TO ELECT ELECTRONIC ONLY.</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR</p> <p>ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

<b>DEPARTMENT OF DEFENSE</b>										1. Pay Period End 11/25/17	
<b>CIVILIAN LEAVE AND EARNINGS STATEMENT</b>										2. Pay Date 12/01/17	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name NEVILLE CONNIE S			4. Pay Plan/Grade/Step GS 07 04		5. Hourly/Daily Rate 21.44		6. Basic OT Rate 32.16		7. Basic Pay + Locality Adj = Adjusted Basic Pay 38896.00 5858.00 44754.00		
8. Soc Sec No ***--*-8283			9. Locality % 15.06		10. FLSA Category N		11. SCD Leave 02/24/13		12. Max Leave Carry Over 240		13. Leave Year End 01/06/18
14. Financial Institution - Net Pay ARMSTRONG BANK				15. Financial Institution - Allotment #1				16. Financial Institution - Allotment #2			
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status	
FED M				0		0					
OK M				0		20					
19. Cumulative Retirement FERS: 5829.91								20. Military Deposit			
21.		Current		Year to Date		22.					
GROSS PAY		1715.20		41330.40		TSP DATA 5%					
TAXABLE WAGES		1629.44		39283.88							
NONTAXABLE WAGES											
TAX DEFERRED WAGES		85.76		2046.52							
DEDUCTIONS		505.14		12078.75							
AEIC											
NET PAY		1210.06		29251.65							

  

CURRENT EARNING							
TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS	AMOUNT	TYPE	HOURS/DAYS
REGULAR PAY	80.00	1715.20					

  

DEDUCTIONS							
TYPE	CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
FEGLI	K0	7.05	168.45	FEGLI OPTNL	B	6.30	140.00
MEDICARE		24.87	599.29	OASDI		106.34	2562.48
RETIRE, FERS	KR	53.17	1268.82	TAX, FEDERAL		158.65	3874.19
TAX, STATE	OK	63.00	1419.00	TSP SAVINGS		85.76	2046.52

  

LEAVE								
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL	38.25	6.00	138.00	20.00	115.00		61.25	
SICK	7.00	4.00	92.00		36.25		62.75	
COMPENSATORY	0.25				0.25			
TIME OFF AWD	6.00				6.00			
HOLIDAY					8.00		64.00	

  

BENEFITS PAID BY GOVERNMENT FOR YOU					
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	3.53	84.33	MEDICARE	24.87	599.29
OASDI	106.34	2562.48	RETIRE, FERS	204.11	4870.74
TSP BASIC	17.15	409.26	TSP MATCHING	68.61	1637.26

  

REMARKS
<p>YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.</p> <p>FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON</p> <p>FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.</p> <p>DO YOU WANT TO PARTICIPATE IN THE 2017 COMBINED FEDERAL CAMPAIGN?</p> <p>ALL ELECTRONIC PLEDGES MUST BE REGISTERED THROUGH THE NEW OPM WEBSITE</p> <p>AT <a href="https://cfcgiving.opm.gov">HTTPS://CFCGIVING.OPM.GOV</a>. THE CAMPAIGN RUNS NOW UNTIL JAN. 12, 2018.</p> <p>GET READY FOR TAX SEASON NOW. GET YOUR 1095 FASTER AND MORE SECURE</p> <p>BY LOGGING ONTO MYPAY AT <a href="https://mypay.dfas.mil">HTTPS://MYPAY.DFAS.MIL</a> AND SELECTING</p> <p>THE TURN ON/OFF HARDCOPY 1095 OPTION TO ELECT ELECTRONIC ONLY.</p> <p>THE BASIC OT RATE IN BOX 6 IS YOUR BASE HOURLY RATE IN BOX 5 TIMES 1.5; HOWEVER, YOUR</p> <p>ACTUAL OT RATE FOR ANY GIVEN DAY CAN BE AFFECTED BY SHIFT OR OTHER PREMIUM PAY</p>

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED